## BEST AVAILABLE COPY

Best Available Copy Application or Docket Number														
PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number					
Effective December 29, 1999														
										17/652//6				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR		R THAN ENTITY	
FOR NUMBER FILED NUMBER EXTRA							l	RATE	FEE	7 7	RATE	FEE		
BASIC FEE									TAIL	345.00	1	to and a margarith	690.00	
			3 c. minuo 20-			. 0				345.00	OR		690.00	
TOTAL CLAIMS			28 minus 20=			.8			X\$ 9=		OR	X\$18=	144	
INDEPENDENT CLAIMS			Ý minus 3 =			• • • • • • • • • • • • • • • • • • • •			X39=		OR	X78=	78	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=			+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								L			OR		(140	
OH TOTAL 7/Z													9/2	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
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AMENDMENT A	6 5 0 E	AF	AINING TER		PI	NUMBER REVIOUSLY	PRÉSENT EXTRA	1	RATE	TIONAL		RATE	TIONAL	
	Total	AMEN	DMENT	Minus		PAID FOR		ŀ		FEE		142.4	FEE	
ENC	Independent		77	Minus		<u> </u>	=	J	X\$ 9=		OR	X\$18=		
AM			V OF MI		PENIC			1	X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=		OR	+260=			
At I doct								L	TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)							Al	ODIT. FEE		OR,	ADDIT. FEE			
┢	11 sept 1 10 to	CL	AlMS			HIGHEST		Г		ADDI-	•		ADDI-	
N F		AF	AINING FTER	-3.0	PF	NUMBER REVIOUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
MENDMENT	Total	AMEN	IDMENT			PAID FOR		$\vdash$		FEE	ŀ		FEE	
EN C	Total	·a	<u>D</u>	Minus		$\Delta \delta_f$	=	L	X\$ 9=		ÖR	X\$18=		
AM	Independent FIRST PRESE	ALTATIC	4 NOE 14	Minus	PENIC		-	1	X39=		OR	X78=		
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								L	TOTAL		OR	TOTAL		
											OR	ADDIT. FEE		
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O L		REM	AINING TER			NUMBER REVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
MEN			DMENT	JA 5 12		PAID FOR		L		FEE		11/11/2	FEE	
AMENDMENT C	Total	•		Minus	••		=		X\$ 9= ·		OR	X\$18=		
NE NE	independent	•		Minus	**!	•	= .	t	X39=			X78=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	0-		

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

TOTAL ADDIT. FEE OR ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+130=